

Date: \_\_\_\_\_

Complaint No. \_\_\_\_\_

**COMPLAINT FORM FOR  
KENTUCKY STATE BOARD OF PHYSICAL THERAPY**

**Person Filing Complaint**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Telephone (\_\_\_\_) \_\_\_\_\_ Night Telephone (\_\_\_\_) \_\_\_\_\_

Patients Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient Information (if different from above)**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relation \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**Name of Physical Therapist or Physical Therapist's Assistant  
or other person who performed services.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**Names and phone numbers of persons who may provide additional information.**

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**Brief description of offense, include date, time and location.**

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(Continue on reverse side)

By signing this complaint form, I hereby certify that the information provided is complete and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(patient or guardian)

**Send To: Kentucky State Board of Physical Therapy**  
**9110 Leesgate Road, Suite 6**  
**Louisville, Kentucky 40222**  
**502/429-7140**  
**502/429-7142 (fax)**